

REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 18358

Sponsor(s): Theresa Garza Ruiz

Date: January 6, 2014

SUBJECT	<p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: <u>2014 Outside Agency Funding Request Adopted By The Legislature Per Outside Agency Funding Proposal: Need For Agenda Of January 6, 2014</u></p>											
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="316 531 1291 751"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$48,000</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$48,000</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number; FROM/TO:</td> <td>Health & Park Funds 002-7759 6789 & 003-7759-6789</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required) <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract: Department: _____ Estimated Use: \$ _____</p> <p>Prior Year Budget (if applicable): _____ Prior Year Actual Amount Spent (if applicable): _____</p>		Amount authorized by this legislation this fiscal year:	\$48,000	Amount previously authorized this fiscal year:	\$0	Total amount authorized after this legislative action:	\$48,000	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number; FROM/TO:	Health & Park Funds 002-7759 6789 & 003-7759-6789
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PRIOR LEGISLATION	<p>Prior ordinances and (date): _____ Prior resolutions and (date): Resolution # 18056 1/7/2013</p>											
CONTACT INFORMATION	<p>RLA drafted by (name, title, & phone): Cindy Wallace – Audit Assistant 881-3312</p>											
REQUEST SUMMARY	<p>Please draft the below agency contract. Request should be drafted and held by the Counselor's Office while awaiting compliance with Executive Order 04-18.</p> <p>1). Union Station, Inc./Science City/Underprivileged Children's Scholarship Fund \$36,300 002-7759-6789 Health Fund Union Station, Inc./Science City/Underprivileged Children's Scholarship Fund \$11,700 003-7759-6789 Park Fund</p> <p>This will support Union Station Science Education Field Trip Program Total = \$48,000</p>											
CLEARANCE	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>											
ATTACHMENTS												
REVIEW	<table border="1" data-bbox="302 1696 1528 1938"> <tr> <td>Department Director: <i>[Signature]</i></td> <td>Date: 12.18.13</td> </tr> <tr> <td>Finance (Budget Approval): <i>If applicable Steven L Ball</i></td> <td>Date: 12-30-13</td> </tr> <tr> <td>Division Manager: <i>[Signature]</i></td> <td>Date: 1-2-2014</td> </tr> <tr> <td>County Counselor's Office:</td> <td>Date:</td> </tr> </table>		Department Director: <i>[Signature]</i>	Date: 12.18.13	Finance (Budget Approval): <i>If applicable Steven L Ball</i>	Date: 12-30-13	Division Manager: <i>[Signature]</i>	Date: 1-2-2014	County Counselor's Office:	Date:		
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County Counselor's Office:	Date:											

Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the _____ Fund in _____.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance # _____
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.

